

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

1 2 F E 4 M 5

ADDRESS (number and street)
▼☐Check if different
than previously
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

C

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORT☐NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer

Date

M M /

D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

Page 2

Report Covering the Period:

From:

To:

COLUMN B
Election Cycle-to-Date

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

Report Covering the Period:

From:

M M / D D / Y Y Y Y

To:

M M / D D / Y Y Y Y

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than
Political Committees
- (i) Itemized (use Schedule A)
- (ii) Unitemized
- (iii) TOTAL of contributions
from individuals
- (b) Political Party Committees
- (c) Other Political Committees
(such as PACs)
- (d) The Candidate
- (e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

13. LOANS:

- (a) Made or Guaranteed by the
Candidate
- (b) All Other Loans
- (c) TOTAL LOANS
(add Lines 13(a) and (b))

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

19. LOAN REPAYMENTS:
(a) Of Loans Made or Guaranteed
by the Candidate
(b) Of All Other Loans
(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b))

20. REFUNDS OF CONTRIBUTIONS TO:
(a) Individuals/Persons Other
Than Political Committees
(b) Political Party Committees
(c) Other Political Committees
(such as PACs)
(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c))

21. OTHER DISBURSEMENTS

22. **TOTAL DISBURSEMENTS**
(add Lines 17, 18, 19(c), 20(d), and 21) ►

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)

25. SUBTOTAL (add Line 23 and Line 24)

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25)

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 5

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Report Covering the Period:

From:

M M / D D / Y Y Y Y

To:

M M / D D / Y Y Y Y

I. RECEIPTS

COLUMN A
Total this Period

COLUMN B
Election Cycle Total as of

COLUMN C
Total for

11. CONTRIBUTIONS

(other than loans) FROM:

(a) Individuals/Persons Other than
Political Committees

(i) Itemized (use Schedule A)

(ii) Unitemized

(iii) Total of contributions from individuals

(b) Political Party Committees

(c) Other Political Committees

M M / D D / Y Y Y Y

(date of general election)

M M / D D / Y Y Y Y

(date after general election)

through

M M / D D / Y Y Y Y

(last day of reporting period)

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 6

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
-------------------------------	---	---

(d) The Candidate

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

13. LOANS:

(a) Made or Guaranteed by the Candidate

(b) All Other Loans

(c) TOTAL LOANS (add Lines 13(a) and (b))

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)

15. OTHER RECEIPTS (Dividends, Interest, etc.)

16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 7

Write or Type Committee Name

Report Covering the Period:

From:

M M / D D / Y Y Y Y

To:

M M / D D / Y Y Y Y

II. DISBURSEMENTS

COLUMN A
Total this Period

COLUMN B
Election Cycle Total as of *
(date of general election)
(* See page 5 for date)

COLUMN C
Total for * (date after general election)
through * (last day of reporting period)
(* See page 5 for dates)

17. OPERATING EXPENDITURES

18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed by the Candidate

(b) Of All Other Loans

(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other Than Political Committees

(b) Political Party Committees

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Limits Increased Due to Opponent's
Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Limits Increased Due to Opponent's
Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Limits Increased Due to Opponent's
Spending (2 U.S.C. §441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 17 ☐ 18 ☐ 19a
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A.			Date of Disbursement
Mailing Address			<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code			Amount of Each Disbursement this Period
Purpose of Disbursement		<input type="text"/>	<input type="text"/>
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)

B.			Date of Disbursement
Mailing Address			<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code			Amount of Each Disbursement this Period
Purpose of Disbursement		<input type="text"/>	<input type="text"/>
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)

C.			Date of Disbursement
Mailing Address			<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code			Amount of Each Disbursement this Period
Purpose of Disbursement		<input type="text"/>	<input type="text"/>
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

<input type="text"/>
<input type="text"/>

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF

FOR LINE NUMBER:
(check only one)

13a
13b

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

M M /

D D /

Y Y Y Y Y

Date Due

M M /

D D /

Y Y Y Y Y

Interest Rate

% (apr)

Secured:

☐ Yes

☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

TOTALS This Period (last page in this line only) ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; height: 20px;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 20px;"></div> %
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City State Zip Code		Date Due <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; height: 20px;"></div> Total Outstanding Balance: <div style="border: 1px solid black; height: 20px;"></div>			
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; height: 20px;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; height: 20px;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Date account established: <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> </div> <div style="width: 50%;"> Location of account: Address: _____ City, State, Zip: _____ </div> </div>			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name _____ Signature _____		DATE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____		DATE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Title _____			

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate
 schedule(s)
 for each
 numbered line)

PAGE OF
 FOR LINE NUMBER:
 (check only one) ☐ 9
☐ 10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ►

2) **TOTALS** This Period (last page this line number only) ►

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full)		Report Covering Period: From: <table border="1"><tr><td>M</td><td>M</td></tr><tr><td></td><td></td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td></td><td></td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> To: <table border="1"><tr><td>M</td><td>M</td></tr><tr><td></td><td></td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td></td><td></td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>					M	M			D	D			Y	Y	Y	Y	Y	Y							M	M			D	D			Y	Y	Y	Y	Y	Y						
M	M																																													
D	D																																													
Y	Y	Y	Y	Y	Y																																									
M	M																																													
D	D																																													
Y	Y	Y	Y	Y	Y																																									
Committee Name		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees																																											
A																																														
B	Column Total Last Page Only																																													
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans																																								
A																																														
B																																														
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees																																								
A																																														
B																																														
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Candidate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contributions Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees																																								
A																																														
B																																														
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee																																								
A																																														
B																																														
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures																																											
A																																														
B																																														

FEC FORM 3Z-1**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)**

Name of Candidate		Candidate ID Number <input type="text"/>
Name of Principal Campaign Committee		Committee ID Number C <input type="text"/>
Committee Address		
City	State	ZIP
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	<input type="text"/>	<input type="text"/>
2. Aggregate amount of contributions from personal funds of the candidate	<input type="text"/>	<input type="text"/>
3. Gross receipts minus the candidate's personal contributions	<input type="text"/>	<input type="text"/>